CHILD HEALTH BC

24 Hour Flowsheet
7 – 11 YEARS

Date: ____________

Patient identification

Time	Initials

Check boxes ☑ to indicate assessment findings.
Check box NN to see Nurses' Notes.

PRECAUTIONS ____________

RESPIRATORY

AIRWAY
☐ Clear ☐ Maintains own
☐ Unable to maintain

WORK OF BREATHING
☐ Respirations even/unlabored
☐ Stridor ☐ Grunting
☐ Referred upper airway sounds
☐ Nasal flaring ☐ Tracheal tug
☐ Head bobbing ☐ Tripod
☐ Abdominal breathing

Indrawing
☐ Intercostal ☐ Subcostal
☐ Substernal ☐ Suprasternal

RESPIRATORY DISTRESS
☐ None ☐ Mild
☐ Moderate ☐ Severe

CHEST MOVEMENT
☐ Symmetrical
☐ Asymmetrical

AIR ENTRY
☐ Equal to bases

Decreased to
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL
☐ Throughout

ADVENTITIOUS SOUNDS
☐ Clear to bases

Crackles ☐ Fine ☐ Coarse
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout

Wheezes ☐ Inspiratory ☐ Expiratory
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout

COUGH
☐ None ☐ Nasal congestion
☐ Non-Productive ☐ Productive
☐ NN

CHEST DRAINAGE DEVICE

Chest tube ☐ N/A
☐ Pigtail ☐ Blake drain
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Mediastinal
☐ Suction ______ cm H_2O
☐ Underwater seal ☐ Bulb

Drainage
☐ Sanguinous ☐ Serous
☐ Serosanguinous
☐ Chylous ☐ Purulent

Air leak ☐ Yes ☐ No
☐ NN

CARDIOVASCULAR

CENTRAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

PERIPHERAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

CAP REFILL TIME
Central ______ seconds
Peripheral ____ seconds

PERIPHERAL TEMPERATURE
☐ **Warm to extremities**
☐ Upper ☐ Lower
☐ **Cool to extremities**
☐ Upper ☐ Lower

HYDRATION
Mucous membranes
☐ Moist ☐ Dry
Skin turgor ☐ Elastic ☐ Poor
Skin ☐ Dry ☐ Diaphoretic
Fontanelles ☐ N/A
☐ Closed ☐ Soft/flat
☐ Depressed ☐ Full ☐ Bulging

EDEMA
Central edema ☐ Yes ☐ No
Peripheral edema ☐ Yes ☐ No

APICAL PULSE ☐ Regular ☐ Irregular
☐ Murmur ☐ ________

PULSES *When assessed, indicate normal with ✓ or NN for variances*		Left	Right
Central	Carotid		
	Axillary		
	Brachial		
	Femoral		
Peripheral	Radial		
	Dorsalis		
	Posterior tibial		

☐ See neurovascular assessment ☐ NN

NEUROLOGICAL

RESPONSE
☐ Alert
☐ Verbal
☐ Painful
☐ Unresponsive

TONE
☐ Normal
☐ Hypertonic
☐ Hypotonic
☐ NN

INTEGUMENT

☐ Clear
☐ Location ____________
☐ Bruising ☐ Jaundiced
☐ Petechiae ☐ Rash

MUCOUS MEMBRANES
☐ Pink ☐ Intact
☐ Drooling ☐ Lesions
☐ Stomatitis/mucositis grade ____

UMBILICUS ☐ N/A
☐ Clean ☐ Dry

PHOTOTHERAPY ☐ N/A
Type __________ Irradiance __________

DRESSINGS ☐ N/A
Site ____________
☐ Dry and intact
☐ Vacuum-assisted closure (VAC) at ___mm Hg

DRAIN ☐ N/A
☐ Location ____________
☐ Type ____________

Drainage
☐ None ☐ Fresh
☐ Sanguinous ☐ Serous
☐ Serosanguinous ☐ Purulent
☐ NN

BRADEN QD	
Mobility	
Sensory Perception	
Friction & Shear	
Nutrition	
Tissue Perfusion & Oxygenation	
Number of Medical Devices	
Repositionability/Skin protection	
Total Score:	

GASTROINTESTINAL

ABDOMEN
☐ Flat ☐ Rounded
☐ Distended ☐ Shiny
☐ Surgical site ________
☐ Ostomy site ________
☐ Ostomy assessment
☐ Nausea ☐ Vomiting

Bowel sounds
☐ Present ☐ Absent
☐ Hyperactive
☐ Hypoactive

Location
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ

Palpation ☐ Soft ☐ Firm
☐ Guarding

Tenderness ________
Pain ________

BOWELS
☐ Last BM ________
☐ See stool chart
☐ Flatus ☐ NN

GENITOURINARY

URINARY ELIMINATION
☐ Self-voiding
☐ Diaper size ______
☐ Catheter size ______
☐ Intermittent
☐ Continuous

URINE
☐ Clear ☐ Cloudy
☐ Dilute ☐ Concentrated
☐ Burning ☐ Urgency
☐ Increased frequency
☐ **Hematuria**
☐ Slight
☐ Moderate
☐ Marked

REPRODUCTIVE
☐ N/A
☐ Menses at present
☐ LMP ______
☐ NN

NUTRITION

☐ NPO ☐ Oral ad lib ☐ Meal plan ________
☐ Breast/chest feeding ☐ Bottle ☐ Nipple Type ___
☐ Diabetes record

TUBE FEEDING ☐ N/A
☐ Continuous ☐ Bolus ☐ Intermittent q _____h

GASTRIC TUBE ☐ N/A
☐ Location ________ ☐ Length ________
☐ Type ________ ☐ Verified pH ________
☐ Straight drainage ☐ Clamped ☐ Open
Suction ☐ Continuous ☐ Intermittent
☐ Level ________ mmHg ☐ NN

MUSCULOSKELETAL

GAIT ☐ N/A
☐ Independent
☐ Steady ☐ Unsteady
☐ Bedrest ☐ ________

DEVICES ☐ N/A
☐ Wheelchair ☐ Cast
☐ Crutches ☐ Splint
☐ Traction ☐ Brace
☐ ________ ☐ NN

QUALITY CHECKS

☐ Alarms on/reviewed
☐ ID band ☐ Allergy band
☐ Bedside safety check
☐ Plan of care updated
☐ Falls risk assessment ___
☐ Family education
☐ Discharge planning
☐ ________ ☐ NN

MENTAL HEALTH

☐ N/A
☐ Review Mental Health Act Forms
☐ Rate your mood ________

RISKS
☐ Altered self-care ☐ Aggression
☐ Elopement Risk
☐ Hallucinations ________
☐ Substance intoxication/withdrawal
☐ Suicidal ideation, no plan
☐ Suicidal ideation, with plan
☐ Self harm
☐ Homicidal ideation

MENTAL HEALTH PLAN
☐ Screening tools completed based on identified risks
☐ Safety/risk mitigation plan initiated
☐ Observation level ________
☐ ________ ☐ NN

CHILD HEALTH BC

24 Hour Flowsheet
7 – 11 YEARS

Date: ____________

Patient identification

Time	Problem/Focus	Nurses Notes

Print Name	Signatures	Initials	Print Name	Signatures	Initials

CHILD HEALTH BC

24 Hour Flowsheet
7 – 11 YEARS

Date: ____________

Patient identification

PEWS Scoring Legend: 0 | 1 | 2 | 3

Section	Parameter	Scale
	Initials:	
	Time:	
Respiratory	Respiratory Rate (1 minute) Resp: ●	40
		30
		20
		10
	O_2 Saturation (%)	
	Supplemental O_2 Concentration Delivered	<3L or 30%
		≥3L or 30%
		≥6L or 40%
		≥8L or 50%
	Mode of Delivery	
	Respiratory Distress	None
		Mild
		Moderate
		Severe
	PEWS Score for Respiratory (record most severe score, max 3)	
Cardiovascular	Heart Rate (1 minute) & Blood Pressure; Systolic: ∨ Diastolic: ∧ (Do not score blood pressure)	150
		140
		130
		120
	Normal Parameters: Systolic (mmHg): 96 - 121	110
		100
	Diastolic (mmHg): 57 - 80	90
		80
	Apex: ● Monitor: *	70
		60
	If heart rate is critical – PEWS score of 3, screen for sepsis	50
		MAP
	Capillary Refill Time	1 – 2 seconds
		3 seconds
		4 seconds
		≥ 5 seconds
	Skin Colour	Pink
		Pale
		Grey/Cyanotic
		Grey & Mottled
	PEWS Score for Cardiovascular (record most severe score, max 3)	
Behaviour		Playing/Appropriate
		Sleeping
		Irritable
		Lethargic/Confused
		Reduced response to pain
	PEWS Score for Behaviour (record most severe score, max 3)	
	Persistent vomiting following surgery	
	Bronchodilator every 20 minutes	
PEWS	Total PEWS Score (max 13) R + C + B + vomiting + bronchodilator = PEWS Score	
Situational Awareness Factors	Patient/Family/Caregiver concern	
	Unusual therapy	
	Watcher patient	
	Communication breakdown	
	PEWS Score ≥2	
	PEWS Escalation Process Activated (time) See NN	
Temperature °C	● A – Axilla, R – Rectal, O – Oral, T – Temporal, E – Esophageal	40
		39
		38
		37
	If temperature is less than 36°C or above 38°C, screen for sepsis	36
	Source of Temperature	

BC PEWS Escalation Aid	
Score 0 – 1	Continue to monitor and document as per orders and routine protocols.
Score 2 or any one of 5 Situational Awareness Factors	Review with more experienced healthcare professional. Escalate if further consultation required or resources do not allow. Continue to monitor as per orders/protocols.
Score 3	Increase frequency of assessments and documentation as per plan from consultation.
Score 4 and/or score increases by 2 after interventions	Notify MRP/delegate. Consider pediatrician consult. MRP/delegate to communicate a plan of care. Increase assessments. Reassess adequacy of resources and escalate to meet deficits.
Score 5 – 13 or score of 3 in any one category	Immediate assessment by MRP/delegate or pediatrician, or emergency room physician. MRP/delegate to communicate a plan of care. Increase nursing care with increasing interventions as per plan. Consider internal or external transfer to higher level of care.

Revised 06 2025

CHILD HEALTH BC

Date: _____

24 Hour Flowsheet
7 – 11 YEARS

Patient identification

Neurological

Initials																									
Time																									
PUPILS Size	Right																								
	Left																								
B = Brisk S = Sluggish F = Fixed Reaction	Right																								
	Left																								
EYE Spontaneous	4																								
To speech	3																								
To pain	2																								
C = Closed None	1																								
VERBAL Coos/Oriented	5																								
Irritable cry/Confused	4																								
Cries to pain/Inappropriate	3																								
Moans to pain/Incomprehensible	2																								
None	1																								
MOTOR Normal spontaneous/Obeys	6																								
Withdraws to touch/Localized	5																								
Withdraws to pain/Withdraws	4																								
Abnormal flexion	3																								
Abnormal extension	2																								
Flaccid	1																								
TOTAL SCORE GCS																									

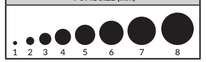
Spinal

Muscle Strength Refer to rating scale below Rate 0 – 5	Right Arm																								
	Left Arm																								
	Right Leg																								
	Left Leg																								
Colour, Warmth, & Sensation of Extremities √ = Normal NN = Nurse's Notes	Right Arm																								
	Left Arm																								
	Right Leg																								
	Left Leg																								
Bladder Function √ = Normal NN = Nurse's Notes																									

Care

Initials																									
Time																									
Pain (q4h & PRN) Tool: _____ Pain Score																									
Location of pain																									
Arousal Score																									
Regular Checks Sepsis Screen																									
Screen for sepsis if PEWS score increases by 2, or temperature is > 38°C or < 36.0°C, or critical heart rate. (Indicate with a ✓ and document findings and actions in Nurses' Notes.)																									
Enteral / Gastric tube																									
IV Site to Source (touch, look, and compare q1h)																									
Patient Safety Check q1h																									
PRAM Score (asthma patients only)																									
Phototherapy / Eye shields																									
Incubator Temperature																									
Repositioning q____h																									
Routine Nursing Care: Ambulation																									
Foley care / Pericare																									
Shower (S) / Bath (B)																									
Mouth care																									
Oximeter site probe change q4h																									
Family presence																									

PUPIL SIZE (mm)



MUSCLE STRENGTH GRADING SYSTEM

0/5	No movement	3/5	Movement overcoming gravity, but not against resistance
1/5	Trace movement	4/5	Movement overcoming gravity and some resistance
2/5	Movement only (not against gravity)	5/5	Normal strength against resistance

LEVEL OF AROUSAL SCORE

1	2	3	4	5
Awake and alert, oriented	Normal sleep, easy to arouse to verbal stimulation	Difficult to arouse to verbal stimulation	Responds only to physical stimulation	Does not respond to verbal or physical stimulation

CHILD HEALTH BC

Date: _____

24 Hour Flowsheet
7 – 11 YEARS

Patient identification

Calculated Maintenance Fluids _____ mL/hr

Initials																									
Time																									
Intake																									
Cumulative Total IN																									
Output																									
Cumulative Total OUT																									
Bristol Stool Score (document in NN if abnormal)																									

Total Fluids _____ mL/kg/hr Urine Output _____ mL/kg/hr	12 hour balance	Total Fluids _____ mL/kg/hr Urine Output _____ mL/kg/hr	12 hour balance

INTRAVENOUS INITIATION ☐ Other line present

Time	Insertion site	Catheter size	# of attempts	Signature

OTHER MEASUREMENTS

Time	For example: height, abdominal girth, head circumference, peakflows

24 hour balance	
Previous 24 hour balance	
ADMISSION WEIGHT	kg
PREVIOUS 24 HOUR WEIGHT	kg
TODAY'S WEIGHT	kg

ABBREVIATIONS

BM	Bowel Movement	LLL	Lower left lobe	mmHG	Millimeters of mercury	RUL	Right upper lobe
°C	Degrees Celsius	LLQ	Lower left quadrant	N/A	Not applicable	RUQ	Right upper quadrant
cm	Centimeter(s)	LMP	Last menstrual period	NN	Nurses' notes	PRAM	Pediatric Respiratory Assessment Measure
hr	Hour	LUL	Left upper lobe	NPO	Nothing by mouth	q__h	Every__hour
H2O	Water	LUQ	Left upper quadrant	#	Number	RLL	Right lower lobe
IV	Intravenous	MAP	Mean arterial pressure	02	Oxygen	RLQ	Right lower quadrant
Kg	Kilograms	mL	Millilitres	pH	Potential of hydrogren	RML	Right middle

CHILD HEALTH BC

Date: _____

Time	Initials

24 Hour Flowsheet
7 – 11 YEARS

Patient identification

Check boxes ☑ to indicate assessment findings.
Check box NN to see Nurses' Notes.

PRECAUTIONS _____

RESPIRATORY

AIRWAY
☐ Clear ☐ Maintains own
☐ Unable to maintain

WORK OF BREATHING
☐ Respirations even/unlabored
☐ Stridor ☐ Grunting
☐ Referred upper airway sounds
☐ Nasal flaring ☐ Tracheal tug
☐ Head bobbing ☐ Tripod
☐ Abdominal breathing
Indrawing
☐ Intercostal ☐ Subcostal
☐ Substernal ☐ Suprasternal

RESPIRATORY DISTRESS
☐ None ☐ Mild
☐ Moderate ☐ Severe

CHEST MOVEMENT
☐ Symmetrical
☐ Asymmetrical

AIR ENTRY
☐ Equal to bases
Decreased to
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL
☐ Throughout

ADVENTITIOUS SOUNDS
☐ Clear to bases
Crackles ☐ Fine ☐ Coarse
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout
Wheezes ☐ Inspiratory ☐ Expiratory
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Throughout

COUGH
☐ None ☐ Nasal congestion
☐ Non-Productive ☐ Productive
☐ NN

CHEST DRAINAGE DEVICE
Chest tube ☐ N/A
☐ Pigtail ☐ Blake drain
☐ RUL ☐ RML ☐ RLL
☐ LUL ☐ LLL ☐ Mediastinal
☐ Suction _____ cm H_2O
☐ Underwater seal ☐ Bulb
Drainage
☐ Sanguinous ☐ Serous
☐ Serosanguinous
☐ Chylous ☐ Purulent
Air leak ☐ Yes ☐ No
☐ NN

CARDIOVASCULAR

CENTRAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

PERIPHERAL COLOUR
☐ Baseline for patient
☐ Pink ☐ Pale
☐ Flushed ☐ Grey
☐ Cyanotic ☐ Mottled

CAP REFILL TIME
Central _____ seconds
Peripheral ____ seconds

PERIPHERAL TEMPERATURE
☐ Warm to extremities
☐ Upper ☐ Lower
☐ Cool to extremities
☐ Upper ☐ Lower

HYDRATION
Mucous membranes
☐ Moist ☐ Dry
Skin turgor ☐ Elastic ☐ Poor
Skin ☐ Dry ☐ Diaphoretic
Fontanelles ☐ N/A
☐ Closed ☐ Soft/flat
☐ Depressed ☐ Full ☐ Bulging

EDEMA
Central edema ☐ Yes ☐ No
Peripheral edema ☐ Yes ☐ No

APICAL PULSE ☐ Regular ☐ Irregular
☐ Murmur ☐ _____

PULSES *When assessed, indicate normal with ✓ or NN for variances*		Left	Right
Central	Carotid		
	Axillary		
	Brachial		
	Femoral		
Peripheral	Radial		
	Dorsalis		
	Posterior tibial		

☐ See neurovascular assessment ☐ NN

NEUROLOGICAL

RESPONSE
☐ Alert
☐ Verbal
☐ Painful
☐ Unresponsive
TONE
☐ Normal
☐ Hypertonic
☐ Hypotonic
☐ NN

INTEGUMENT

☐ Clear
☐ Location _____
☐ Bruising ☐ Jaundiced
☐ Petechiae ☐ Rash
MUCOUS MEMBRANES
☐ Pink ☐ Intact
☐ Drooling ☐ Lesions
☐ Stomatitis/mucositis grade ____

UMBILICUS ☐ N/A
☐ Clean ☐ Dry
PHOTOTHERAPY ☐ N/A
Type _____ **Irradiance** _____
DRESSINGS ☐ N/A
Site _____
☐ Dry and intact
☐ Vacuum-assisted closure (VAC) at ____ mm Hg

DRAIN ☐ N/A
☐ Location _____
☐ Type _____
Drainage
☐ None ☐ Fresh
☐ Sanguinous ☐ Serous
☐ Serosanguinous ☐ Purulent
☐ NN

BRADEN QD

Mobility	
Sensory Perception	
Friction & Shear	
Nutrition	
Tissue Perfusion & Oxygenation	
Number of Medical Devices	
Responsibility/Skin protection	
Total Score:	

GASTROINTESTINAL

ABDOMEN
☐ Flat ☐ Rounded
☐ Distended ☐ Shiny
☐ Surgical site _____
☐ Ostomy site _____
☐ Ostomy assessment
☐ Nausea ☐ Vomiting
Bowel sounds
☐ Present ☐ Absent
☐ Hyperactive
☐ Hypoactive
Location
☐ RUQ ☐ LUQ
☐ RLQ ☐ LLQ
Palpation ☐ Soft ☐ Firm
☐ Guarding
Tenderness _____
Pain _____
BOWELS
☐ Last BM _____
☐ See stool chart
☐ Flatus ☐ NN

GENITOURINARY

URINARY ELIMINATION
☐ Self-voiding
☐ Diaper size _____
☐ Catheter size _____
☐ Intermittent
☐ Continuous
URINE
☐ Clear ☐ Cloudy
☐ Dilute ☐ Concentrated
☐ Burning ☐ Urgency
☐ Increased frequency
☐ **Hematuria**
☐ Slight
☐ Moderate
☐ Marked
REPRODUCTIVE
☐ N/A
☐ Menses at present
☐ LMP _____
☐ NN

NUTRITION

☐ NPO ☐ Oral ad lib ☐ Meal plan _____
☐ Breast/chest feeding ☐ Bottle ☐ Nipple Type ___
☐ Diabetes record
TUBE FEEDING ☐ N/A
☐ Continuous ☐ Bolus ☐ Intermittent q _____h
GASTRIC TUBE ☐ N/A
☐ Location _____ ☐ Length _____
☐ Type _____ ☐ Verified pH _____
☐ Straight drainage ☐ Clamped ☐ Open
Suction ☐ Continuous ☐ Intermittent
☐ Level _____ mmHg ☐ NN

MUSCULOSKELETAL

GAIT ☐ N/A
☐ Independent
☐ Steady ☐ Unsteady
☐ Bedrest ☐ _____
DEVICES ☐ N/A
☐ Wheelchair ☐ Cast
☐ Crutches ☐ Splint
☐ Traction ☐ Brace
☐ _____ ☐ NN

QUALITY CHECKS

☐ Alarms on/reviewed
☐ ID band ☐ Allergy band
☐ Bedside safety check
☐ Plan of care updated
☐ Falls risk assessment ___
☐ Family education
☐ Discharge planning
☐ _____ ☐ NN

MENTAL HEALTH

☐ N/A
☐ Review Mental Health Act Forms
☐ Rate your mood _____
RISKS
☐ Altered self-care ☐ Aggression
☐ Elopement Risk
☐ Hallucinations _____
☐ Substance intoxication/ withdrawal
☐ Suicidal ideation, no plan
☐ Suicidal ideation, with plan
☐ Self harm
☐ Homicidal ideation
MENTAL HEALTH PLAN
☐ Screening tools completed based on identified risks
☐ Safety/risk mitigation plan initiated
☐ Observation level _____
☐ _____ ☐ NN

Revised 06 2025